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THE PSYCHONEUROSES AND THE UNCONSCIOUS.

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I.

THE Psychoneuroses, variously known as Hysteria, Psychasthenia, Neurasthenia, Nervousness, Nervous Weakness, etc., constitute one of the most fascinating and important medical as well as sociological problems for the study not only of physicians and sociologists but of all persons pretending to genuine culture. Freud's wonderful and brilliant findings have opened up new worlds of thought for psychologists, neurologists, psychiatrists, artists, literary men, criminologists, moralists and mythologists. The psychic life of man now stands revealed to us as it never has before, though we are only at the beginning of our researches.

To the physician, neurologist or general practitioner, no malady is fraught with graver problems than those offered by the victim of a psychoneurosis. No disease that the physician is called upon to treat is more distressing, more frequent, more costly, more time-consuming, than a psychoneurosis. The victims of this malady are to be found in every walk of life, in the young as in the old, in males as in females (but much more frequently in the latter), in the country as in the city, among the rich as among the poor, and in the ignorant as well as in the educated. From time immemorial they baffled the physician's most earnest efforts. Until very recently the psychoneuroses were regarded as coming under the domain of the theologian rather than of the physician. Owing to the inability of both these professions to deal successfully with these maladies all sorts of quacks, charlatans and faddists have

devoted themselves to the treatment of these unfortunates. And it must be admitted that not at all infrequently their efforts have been crowned with success when legitimate methods had failed. But notwithstanding this the number of uncured neurotics today is simply enormous. It is no exaggeration to say that to some extent we are all neurotic, that the more highly civilized the community is the larger is the number of neurotics. Why this is so will be apparent after a careful consideration of what follows.

II.

Before we can proceed to an exposition of Freud's theory of the nature and causation of the psychoneuroses we must explain certain fundamentals in his psychology. These are: (1) the Unconscious; (2) Repression; (3) the Law of Psychic Determinism, and (4) the Sexual Impulses.

The Unconscious.—According to Freud the mind (or psyche) may be divided into three spheres: the *unconscious*, the *fore-conscious* and the *conscious*. Our conscious mental activities are those of which we are at the moment aware, those that are in the focus of the mind's eye. The fore-conscious embraces all that mass of ideas, knowledge, etc., which one can summon into consciousness at will. The unconscious comprises all that mass of ideas, etc., that we have automatically forgotten or forced out of consciousness and which can not be recalled to consciousness even after a great deal of effort and which can be known only by its effects upon the conscious life. Our conscious mental activities are only a very small fraction of our mental life. Notwithstanding the constant upward tendency of the ideas and impulses contained in the foreconscious and unconscious spheres only very little that is there contained becomes known to us. The reason for this is that before any idea, desire, or impulse, can pass from the unconscious into the foreconscious, or from the foreconscious into the conscious, it must be approved by a *censor*, the moral ego. All that reaches consciousness may be regarded as a derivative from the foreconscious or unconscious that has successfully passed the censor.

Some psychologists still dispute the existence of unconscious mental activities. They say that many of the phenomena relied upon by the believers in unconscious ideation are only manifestations of a split-off consciousness, i. e., unconscious consciousness, or that these phenomena are the results of psychic operations that are performed so quickly that they are not remembered. (Cf. Wm.

James, *The Principles of Psychology*, 1896, pp. 165-180.) Professor Fite (*The Nation*, Aug. 10, 1916), in as grotesque and fatuous a criticism of psycho-analysis as any that has yet appeared, implies that the unconscious is only an infinitesimal degree of consciousness. Many of the phenomena discussed by the school psychologists are unquestionably only instances of ideation in the foreconscious, not in the unconscious. It is also true that to normal consciousness all our mental content, all our knowledge, seems to be merely latent, i. e. stored in the foreconscious and subject to the call of the conscious. But we can show to any reasoning and reasonable mind that unconscious mental processes exist and that they exert a powerful influence upon our thoughts, volitions and emotions. The proofs of unconscious cerebration are these:

(1) A person who has been hypnotized remembers nothing of what he saw, heard or did while he was in the hypnotic state though he has no difficulty in recalling all these things if he is re-hypnotised. (2) A person may be hypnotised and commanded to perform a certain task at some future time and when the specified time comes the individual, though no longer in the hypnotic state, will feel himself compelled to perform the assigned task though he has no idea why he does so. (3) A person in a febrile delirium or in a state of hypnosis may recall languages, etc., that he had known in childhood and then completely forgotten. (4) Probably every person has at some time experienced the sudden re-entry into consciousness of some name, date or fact, that he had vainly tried to recall some hours or days before and that he had finally given up with the words "it will come to me later." (5) It is not at all uncommon to find oneself thinking things or indulging in fantasies without knowing why or how these found an entry into the (conscious) mind. Persons have even been known to laugh or cry or gesticulate emphatically without knowing why they did so—until psycho-analysis found the explanation. (6) Returning to a place that one visited many years ago or seeing a photograph of it will very often call back to memory numerous images and data that one had thought completely eliminated from the mind. In all these instances the supposedly forgotten matter was only not conscious. (7) In certain mental diseases the patient forgets the images or the names of certain objects but recalls them when he sees the object or hears the word. He cannot voluntarily recall what is in his mind unless he is assisted by a perception. (8) Other evidences of the reality of the unconscious are to be found in the phenomena

of dreams, somnambulism, hysterical symptoms, the "mis-doings" of every-day life, the symptoms of dementia precox, etc.¹

Additional reason for the acceptance of the "unconscious" is found in the consideration that without this assumption our mental life, considering the many gaps and other puzzling phenomena in our conscious life, would be utterly unintelligible. With the assumption of the unconscious we get that sense of continuity and orderliness in our mental operations that a rational mind craves for. Scientifically there is as much warrant for the theory of unconscious cerebration as for the atomic theory, the Darwinian theory, the Copernican theory, etc. Like the universal ether, the law of evolution, the attraction of gravitation, etc., the unconscious is known by its effects.

In the true sense of the word *only ideas can be unconscious*. Notwithstanding this we are in the habit of speaking of unconscious sensations, feelings, emotions, desires, etc. What we mean by this mode of speech is that the psyche is not aware of the idea accompanying the emotion that it perceives, or that the idea which the psyche associates with the emotion does not properly belong to it, or, thirdly, that the perceived emotion really represents (i. e. is a substitute for) another emotion. One may be conscious of an emotion, e. g. a feeling of having done wrong, without at the moment knowing why he feels so. A neurotic child or adult may be so dreadfully afraid of a perfectly harmless domestic animal as not to be capable of being persuaded of its harmlessness. In such a case the feared object is a substitute for some other feared object or person. A hysterical girl's exaggerated solicitude for her mother may prove to be a substitute for an unconscious hatred. A very intelligent young woman shudders every time she sees a sharp-pointed object or a certain white cupboard. Months later she suddenly realizes that the closet suggests a hospital and the sharp object a knife, and that she shudders because she fears having to be operated on for chronic appendicitis. (Her "appendicitis," I may add, is hysterical.) In all these cases the emotion is conscious but it is not interpreted or is misinterpreted by consciousness. The idea, i. e., the verbal element, is repressed and the emotion (or af-

¹ For a fuller discussion of the subject the reader is referred to the many monographs on the unconscious that have been published during the past ten years and the essays of the psychoanalysts and a large number of psychologists. But the student must be cautioned not to confuse the "unconscious," "non-conscious" or "sub-conscious" of the psychologists with the "unconscious" of Freud.

fect) is free to associate itself with any appropriate substitute idea it may encounter. This mental mechanism may be designated as "substitution by displacement" or "displacement substitution."

Consciousness is usually, for obvious reasons, regarded as the master of our emotions, thoughts and actions. But the sovereignty of consciousness is (relatively, absolute only in the matter of our thoughts and actions; in the matter of our emotions the unconscious plays an extremely important role. It is not to be supposed, however, that conscious ideas and actions are not materially influenced by the unconscious. Even in the normal healthy human being every conscious idea owes a part of its energy to unconscious motives. The neurotic is one whose ideas, emotions and actions are determined by unconscious mental processes to a larger extent than is the case in the normal.

Unconscious mental processes differ from conscious psychic processes in many striking characteristics. In the first place they are *unconscious*, i. e., the individual is not aware of them and cannot perceive them no matter how intensely he concentrates his attention upon them. The next and perhaps the most important characteristic of these unconscious psychic processes is that they consist essentially of desires, wishes, impulses, instincts, urges—"conative trends." Owing to the strong dynamic nature of these wishes there is a constant craving for a discharge of the pent-up energy and for the relief of the discomfort resulting from the continuous tension.

Continuing to characterize the unconscious wishes we may say that they are *not coordinated* to one another and are uninfluenced by one another. Hence *antagonistic desires or impulses, e. g. love and hate for the same person, may coexist*. The unconscious, we have reason to assert, knows no doubt and no negation. Doubt and negation emanate from the conscious. Neurotic doubt has been shown to be the foreconscious realization of the coexistence of contradictory impulses in the unconscious. From what has been said about unconscious emotions it follows that the energy in the unconscious is freely movable and transferable. Psychoanalytic experience warrants us in asserting that this energy may be shifted from one idea to another (= "*displacement*") and that the energies from several ideas may be centred or heaped upon one idea (= "*condensation*").

The unconscious does not reason. There is no logic in its operations. This is clearly demonstrated by the absurd character

of most of our dreams as well as by the fact that no amount of reasoning can cause a well-established neurotic symptom to disappear. A phobia or an obsessive idea never yields to ratiocination. The unconscious is not only *illogical*, it is also *unethical*. Being actuated solely by egoistic desires it takes no cognizance of the rights or desires of others. In our dreams we are guilty of the most atrocious crimes, arson, incest, murder, without the slightest hesitation or compunction.

As Freud has shown, all unconscious ideation is based on "*the pleasure-pain principle*," i. e. the principle of obtaining pleasure and avoiding pain. In consonance with this principle the unconscious takes no cognizance of realities, of the lapse of time or the intervention of space. To the unconscious the past is ever present and distance offers no obstacles. In the unconscious the infantile impressions and desires live on with unabated vividness and urgency notwithstanding the lapse of decades. Another one of the important traits of the unconscious is that its ideas are *not formulated in words*. The translation of unconscious matter into words is the function of the foreconscious.

Three classes of matter go to make up *the content of the unconscious*: certain inherited impulses, matter that has been automatically forgotten and matters that have been repressed. In addition to this it is important to remember that the content of the unconscious is probably not sharply defined and finally differentiated from the foreconscious (or conscious) sphere until about the time of puberty.

By this time it must be evident that the unconscious is not merely a mass of dead matter or the inert waste products of our psychic life. It is, on the contrary, extremely alive and always active, never resting, continually influencing the foreconscious and being influenced by it, manifesting itself in a thousand ways in what we call "*derivatives of the unconscious*," dreams, fantasies, symptoms, "*mis-doings*," etc.

III.

Repression.—How and why do psychic matters get into the unconscious? The answers to these questions constitute essential features of Freud's contribution to modern psychology and philosophy. He says that under certain circumstances certain impulses are repressed, forced out of consciousness. The individual feels himself impelled by certain impulses to perform certain acts, which would yield him a high degree of pleasure; but owing to various

causes the obtainment of this gratification would conflict with certain other motives and the result of the desired action would be painful, painful out of proportion to the anticipated pleasure, and because of this preponderance of the resulting pain the individual represses the original impulse. We may say then that an idea is repressed when, as a result of a conflict between it and other ideas, it is eliminated from consciousness because the individual is determined to be guided in his actions by these other ideas. In the process of repression the idea loses a large part of its energy (interest, libido) otherwise it would reach fulfilment. So that repression is really a defensive measure, a defense against an objectionable idea. The individual hoodwinks himself into the belief that he is rid of the condemned impulse. The mental attitude which does not permit the re-entry into consciousness of the repressed idea as such is called the **censor**. The opposition to this re-entry is technically termed *resistance* and is manifested by the individual as shame or disgust or a sense of guilt when some derivative of the repressed matter occurs to the mind. The motives for the repression of certain impulses are the individual's fear of the consequences of yielding to the impulse, his desire to act in accordance with the dictates of his conscience and to secure the approval of his environment. To illustrate this let us cite the instance of a young lady, engaged to be married, who suddenly develops a hysterical condition accompanied with frequent morning vomiting and anorexia. Analysis shows that she is in love, in a state of sexual hyperesthesia, and ardently desirous of becoming a mother. For obvious reasons she tries to force this desire out of her consciousness, to deny its existence; she thinks she has succeeded, but soon finds herself suffering from the aforesaid symptoms. Her now unconscious wish manifests itself in the symptoms of pregnancy that she had observed in her mother years ago. It is only with a great deal of reluctance and after much coaxing that the patient consents to divulge her "wicked"—but natural—desire. In one of my patients the repressed desire for seeing the male genitals manifested itself in disgust and fainting at the sight of naked children bathing and even at the sight of pictures or statues of naked men.

What has happened in these cases is that the idea accompanying the desire has been forced out of consciousness, but the desire (affect) continues in all its intensity, nay, possibly even with greater intensity. The attempt at repression has failed. The objectionable (painful) emotion struggles to vent itself; the repressed

desire will be satisfied. But, owing to the watchfulness of the censor, this can be brought about only indirectly, i. e. by circumventing the censor and appearing in consciousness in disguise. If the repression is intense enough, if enough energy has been withdrawn from the objectionable idea, the idea will remain repressed and will manifest itself only in dreams. But if the repressed idea is not deprived of enough nerve force to rob it of its imperiousness the idea will remain unconscious but the affect will be replaced by or converted into apprehension (fear, anxiety). The repressed affect may be, it must be noted, wholly suppressed, so that no trace of it is to be found in consciousness. In other cases the repressed affect is converted into an affect of a different kind; so love may be converted into hate, desire into aversion, etc. Just what it is that determines the course or fate of the repressed affects in each individual case we do not yet know.

Repression is not complete when an idea is forced into the unconscious; it must be retained there and kept from re-entering the foreconscious or conscious spheres. This involves a constant expenditure of psychic energy. In other words, the upward urge of the repressed energy must be balanced by a continuous counterforce. The moment that this counterforce ceases or is weakened, e. g. in sleep, the repressed matter manifests itself. If the repressed matter is endowed with little energy, it is practically inactive and requires little counterforce to keep it in the background. But the repressed impulses can be easily re-charged, re-energised, and when this happens they at once tend to manifest themselves and give birth to a new psychic conflict. If the repressed matter is stronger than the repressing force, but not sufficiently so to appear in its own likeness, it appears in consciousness in some disguise. The disguise therefore represents a compromise between the conscious and unconscious motives. The disguise, or symptom, thus represents two opposite and antagonistic desires. If the attempt at repression had not failed partially, there would have been no symptom. That is why we say that the occurrence of symptoms is a manifestation of the return of the repressed.

According to Freud there are two kinds or stages of repression: *primary repression* and *true repression*. Primary or organic repression is the first phase of repression, occurs during the early years of infancy and childhood, and consists in the non-admission into consciousness of the ideas representing certain impulses and in their fixation in the unconscious. True or psychologic repression

is the second stage of repression and affects either psychic derivatives of the matters subjected to primary repression or such thoughts as are associatively related to these matters and which consequently suffer the same fate. True repression is therefore an after-repression. The primary repressed matter may be compared to a magnet in the unconscious which attracts or assimilates to itself all kindred matters in the conscious or foreconscious sphere that it can associate with itself. From this point of view repression is a two-fold process: an expulsion from the conscious or foreconscious as well as an attraction from the unconscious. It follows from this that a person may succeed in repressing objectionable matter without any conscious voluntary effort on his part. This kind of repression is possible only because of the presence in the mind of the primary repressed matter.

The repressed matter is, as we have remarked, not inert or lifeless. On the contrary, owing to the withdrawal from conscious control and the non-gratification of the desire the impulse goes on evolving more richly and more undisturbed; it might almost be said that it luxuriates in the dark and sends all sorts of strange derivatives or offshoots of itself into the foreconscious which are perceived as strange and puzzling fantasies, dreams, etc. It is from the study of these more or less unwelcome visitors from the unconscious that have succeeded in eluding the censor that we learn what dwells in the unconscious. One of my patients, Mr. M., suffering from sexual impotence (premature emissions), tells me after a great deal of hesitation: "I hate to tell you this; I ought to be ashamed to say it, but I might as well get it off my chest,—as far back as I can remember I have always had a very great and unaccountable aversion to kissing my mother, although I like to kiss; this aversion applies not only to my mother but to all her female relatives; the aversion grows less as the relationship is more remote." Analysis brings to light that Mr. M. harbors a very strong unconscious love for his mother and that his aversion to kissing her is a negative reaction to his inadequately repressed incestuous longing (*Oedipus complex*).

Repression, like forgetting, is a normal process and serves a useful purpose, viz.: to spare the individual the pain of the constant recollection of his painful psychic experiences or of the painful emotions accompanying the psychic conflicts between his (forbidden or tabooed) desires and his ethical, religious, and esthetic ideals. In other words, repression serves the purpose of psychic

self-preservation and may therefore be regarded as a kind of protective measure. The actuality of repression is proved by the actuality of the resistance manifested by the individual to the emergence in consciousness of certain derivatives of the contents of the unconscious. The reasons for the resistance are, of course, the reasons for the repression. Quantitatively speaking we may say that the resistance must be equal to or greater than the repression. Once I have succeeded in evicting from my apartment a hostile intruder and have closed the door against him I must employ at least as much force to keep him out as he is expending in his efforts to re-enter. To feel myself perfectly secure I must expend even more energy than he does. While I am thus employed I cannot devote myself to any other tasks. All neurotics are aware of this and describe with great detail their mental dullness, their inability to concentrate their attention upon their work, their consciousness of great mental effort in attempting to understand what is being said to them, etc. All this necessarily vanishes as soon as our neurotic understands that his herculean psychic labors are as useless as unnecessary, that his enemy is only his other self, that he has done his uninvited guest great injustice in looking at him through distorting lenses, that, properly handled, the intruder may prove his best friend. Neurotic repression differs from normal repression in its greater intensity, in involving strongly emotional experiences, in pertaining to desires with great dynamic intensity, in being due to faulty sublimation, and in relating to matters that are in conflict with the supposed welfare of society, or of the soul.

IV.

Psychic Determinism.—The theory of unconscious ideation is based not only on the phenomena we have referred to in the foregoing pages but also on the assumption that in the psychic world, as in the physical world, nothing can happen without an adequate cause. Freud had observed that in the lives of all of us, healthy or neurotic, there are many psychic phenomena for the occurrence of which conscious cerebration offers no satisfactory explanation. To explain these things as the result of accident seemed to him not only too easy and too improbable but against all the known laws of nature. His own observations and reflections combined with the results of the Jung association tests led him to the conclusion that the adult human being must be endowed with the gift of thinking unconsciously and that these unconscious thoughts exert a constant and powerful influence upon one's

whole conscious life. "The law of psychic determinism," so it is called, postulates that every mental manifestation in an adult human being has a psychic cause. When in accordance with this principle we investigate some obscure mental phenomenon, such as my patient's aversion to kissing his mother, we find in the individual's unconscious a group or series of highly emotional ideas, usually of an erotic nature, which explains the phenomenon. Such a group of emotionally charged related ideas, having a strong dynamic character, we call a **complex**. A lover, for instance, whose conduct is influenced by his love, e. g. forgetting an important business engagement which would have interfered with his visit to his lady-love, is said to have had his conduct "determined" by his "love-complex." A physician who "forgets" to make his daily call on an impecunious patient who is running up a bill for professional services is under the domination of his "money-complex." One or more complexes can be demonstrated to be at the bottom of every neurosis. The patient's symptoms are the language by which he gives expression to his complexes. The analyst, proceeding from the theory that everything the patient says or does or feels that is not adequately accounted for is determined by his unconscious complexes and is derived from them, helps the patient to interpret his symptoms, to ascertain his complexes and to bring them under his conscious control. A patient who has developed a fear of crossing streets and parks alone ("Agoraphobia") so as to make it impossible for him to yield to the temptation to abscond with his employer's money, is in a position to master the complex actuating him when he knows what it is and when he realizes that his will power, not his illness, must keep him honest. It is such observations as these that warrant us in the conclusion that a neurosis or neurotic symptom is an unconscious wish-fulfillment. The agoraphobic patient just mentioned may be said to have "wished his fear on himself" as a protection against yielding to temptation; he took refuge in a neurosis and made it impossible for him to abscond. That the attempt to repress his criminal desire has failed is proved by the presence of his symptoms. In the investigation of such cases the analyst will almost always find that more than one "complex" enters into the development of a neurosis or neurotic symptom. We express this fact by saying that the neurosis or symptom is *overdetermined*. Usually, but by no means invariably, all the determinants must be discovered before the neurosis or symptom will disappear. But the analyst—and the patient—must be cautioned not to expect the

symptoms to disappear at once on the discovery of the determining complex or complexes. The patient's environment may have to be changed and his mode of thinking, his outlook on life, his mental attitude to certain of his problems, must be modified before he can cure himself. Some symptoms, notably those of an organic nature, do usually disappear or lessen in intensity at once on the discovery of the pathogenic complex. This is very frequently observed in the case of the fugitive or transitory symptoms that occur during the analysis as a result of positive or negative transference. These and similar experiences with psychic symptoms justify the conclusion that the unconscious can be influenced by the conscious; but it must be admitted that in many instances this comes about only very slowly. The difficulty with which symptoms may be made to disappear, i. e., the difficulty with which a patient may be induced to abandon his symptoms, proves that the underworld of illicit desires is a by no means "tame affair." When the patient has recognized the meaning of his symptoms he is confronted with the great problem of how to adjust himself to the determining complexes. When a woman discovers that her fainting spells come on every time her hatred of her husband is stirred up by something that he says by way of censure of her or her family, she is not thereby cured. She must learn to find excuses for him, or she must leave him, or she must be content to hate him consciously.

Before dismissing this subject I wish to emphasize the fact that the complex which determines many (not all!) of our "accidental" and unconsciously performed acts is not always of a sexual or an erotic nature, as some of my illustrative cases (in this and in the preceding essay) show. This will be brought out more clearly in the essay on "the Unconscious in our Daily Life." The caviller may object that unconscious actions cannot have a "reason," that only actions that are "meant" can be said to have a reason. Without entering into abstruse discussion as to the meaning of these words I wish to say that when a certain act of mine is performed by me as the result of an impulse from my brain to a group of muscles without having been consciously intended by me and that if this action (not merely reflex) serves to preserve me from pain or to contribute to my pleasure and if on reflection I find that this action seems to stand in a certain relationship to a definite "complex" and to be determined by it, I may say that that "complex" was the cause or reason for my act. The unconscious act always serves a useful purpose although to conscious thinking that act may seem to be very inadvisable and wasteful.

V.

The Sexual Impulses.—Having concluded that neurotic symptoms are the expression of unconscious (repressed) complexes and not the meaningless, lawless and purposeless acts of an unstable mind, we must seek to ascertain the content of these repressed complexes and the reason for their repression. The motive for repression is the avoidance of pain or displeasure. The thing repressed is always a desire. But why is a desire ever repressed? and how can a desire give rise to pain? Surely no one desires what is painful. The answer to these seeming enigmas is that the coveted desire is pleasurable in the fulfillment but that this fulfillment would cause the individual—the moral, ethical, religious, law abiding individual—a greater amount of pain. An impoverished and physically exhausted woman nursing an incurably sick husband may long for his death, though the realization by her that she harbors such a selfish, inhuman thought may be too painful for her to bear. One of my patients, Mrs. H., aged 38, nursing a very sick and puny baby, is afraid to sit near an open window with her baby because she is haunted with the thought of dropping the baby out of the window. She is also afraid of all pointed objects, especially knives. To professors of psychology it may seem an irrelevant circumstance that she has two other children, that she wants no more children, that she is mortally afraid of another pregnancy and that she indulges in coitus interruptus. The death of the sick baby would be a great relief to her in many ways. There is absolutely no question that a desire may be both painful and pleasurable.

The primitive individual, the infant, we may remind the reader, is actuated solely by selfish desires; the whole world is to him only a means of gratifying his longings. So thoroughly selfish is he during this stage of his development that he has been said (by Stekel) to be *polymorph-criminal*, i. e. capable (in mind) of any crime that will tend to satisfy some desire of his. If it were not for the fear of punishment he would not hesitate at any crime. I hope that this will not be construed as meaning that the young child is a wilful criminal; he is only intensely selfish, egoistical, unconscious of his obligations to society. As he gets a little older the period of organic repression sets in and these desires are repressed partly automatically and partly as a result of the development in him of a sense of shame, disgust, etc. This repression is intensified by educating the youngster to realize that his desires are of two

kinds, good ones and bad ones; that the suppression of the bad desires is highly commendable; that this suppression is, furthermore, rewarded by the love of the parents and the approval of the community, and is compensated for by a clear conscience and the promise of a heavenly reward. These motives for repressing the bad desires constitute that system of psychic inhibitions we have designated as the censor. But it must not be supposed that repressing the wicked desires has deprived them of their potency or urge. The unwelcome intruder whom I have forced out of my sanctum continues to annoy me by his attempts to reenter. By forcing him out I have only made him invisible. As a result of the coercion of the individual to conform to the usages of civilized society the repressed desire must disguise itself before it can enter consciousness. The stricter the censor the greater the need for disguise. The more cultured and the more conventionally moral the community is, the greater and the more ubiquitous is its hypocrisy. The enemy I have driven out may re-enter my premises if he can deceive me by an appearance of harmlessness. That in such cases the individual is really only deceiving himself does not matter. Self deception is universal. As we are constituted it is impossible to be as "good" as the ideal we set up for ourselves or as is set up for us. Anything that increases my enemy's strength (e. g. somatic processes, association with others, etc.) will enable him to batter at my door and my peace of mind with increased or renewed vigor and will force me to renew my counterforce or to give him entry. If my wicked desires become too strong and I yield to them I become a criminal; if they are too strong for me to resist them successfully but not strong enough to make me yield to them I become neurotic; if I can put them to good use for the benefit of the community, i. e. to *sublimate* them, I become an artist (poet, novelist, dramatist, sculptor, etc.)

Freud has very conveniently and appropriately divided the desires actuating human conduct into two great classes; the ego (or self-preservation) impulses and the sexual or procreative impulses. The *ego impulses* have to do not only with the individual's desire for life but also with his desires for knowledge, acquisition and power. The *sexual impulses* have to do with the individual's desires for pleasure as well for the reproduction of himself, for the renewal of himself in his own flesh and blood. (This is the motive of a large number of Shakespeare's Sonnets.) But it must not be supposed that these two groups of impulses or instincts are

sharply delimited or differentiated from each other. They are not. The so-called sexual or erotic (love) impulses often serve the purpose of the ego impulses, and the ego impulses often serve a sexual purpose or contribute to the sexual pleasure. A man's labors in the commercial world may have no other purpose than to win or retain the love of some woman. A bachelor's commercial activities may be the outlet for his otherwise undischarged sexual impulses. A child's greediness for knowledge may be largely determined by his sexual curiosity. And on the other hand, as in one of my patients, a man's sexual activities may be only a means of impressing his male friends with his "manliness." Passionate and secret thumb-sucking in one of my female hysterics proved that the mouth and lips are capable of yielding sexual gratification in addition to performing their normal function.

The ego impulses and the erotic impulses are often in conflict with each other. To preserve his self-esteem and the approval of the community, and for other reasons, the individual often finds it imperative to repress his sexual impulses, i. e. the ego impulses prevail upon the individual to repress his sexual cravings or even to deny their existence. For the fact is that the ego impulses, with certain modifications, are encouraged both by precept and example; whereas the sexual impulses, owing to causes we cannot now discuss, are condemned. Our conventional morality refuses—to its own certain peril—to take cognizance of the truths of physiology. That sexual abstinence is possible and desirable is still being preached to our young men and women by persons who should—and often do—know better. (I am not pleading for unrestrained licentiousness or free love.) Not only adults but even young children, are induced—by terrorization—to repress their sexual longings. Freud has found that it is the repression of these sexual impulses in childhood that lays the foundation for the subsequent outbreak of a psychoneurosis, creates the soil in which later a neurosis may take root.

But the physician educated in our medical schools may ask: has the child sexual impulses? is there more than one sexual impulse? and what about the "innocence" of childhood? Let us say at once that the sexual impulses are very many and that the innocence of childhood is a myth. A child without a sexual life, if there were such a child, would be a monstrosity. An asexual child is as impossible as an altruistic child. If there is any truth in the biogenetic law of Haeckel, this must be so. Besides, all observant

parents and others who have carefully studied the psychology of childhood know that even young infants indulge in numerous forms of sexual activity. Infantile masturbation is extremely common, perhaps universal. As a result of internal processes and of the external stimulation or irritation of certain regions of the baby's body by the mother or nurse, e. g. in cleansing the baby or fondling it, the child derives sensuous pleasure from these areas (erogenous zones). (Is it necessary for me to express the hope that no professional or amateur psychologist will construe this as an argument against bathing or diapering babies?) The chief *erogenous zones*, i. e. areas of the body whose stimulation may produce pleasure of a sexual nature, are the mouth, the urethra, the neck of the bladder, the anal region and the skin. Some of the sexual activities of infants are thumb-sucking, tongue-sucking, toe-sucking, lip-sucking, wilful retention of the feces and (when the child is old enough to know better) incontinence of urine. Bed-wetting in older children is often the result of masturbation and the equivalent of a pollution. In older persons other parts of the body, e. g. the eyes, the ears, etc., may take on an erogenous function. The important thing to note about these erogenous zones is that they are parts of the body that serve a dual function, that they perform not only a sexual function but also a function that tends to the preservation of the individual. The eye not only sees the approach of an enemy but the charms of a desirable sexual partner. The mouth serves for nutrition and speech as well as for kissing. The ears hear an enemy as well as the lullaby of the beloved mother. The thumb, tongue, toe, etc., are substitutes for the nipple of the mother's breast. The skin, the erogenous zone par excellence, serves not only as a covering and as an excretory organ but as an organ for the derivation of pleasure from contact with the body of the beloved. The genital is an excretory as well as a sexual organ. The sexual function of the nose is too well known for special comment. That the rectum is a sexual organ is proved not only by the occurrence of passive pederasty but by the fact that in the embryo the rectum is a part of the cloaca, the pouch from which the vagina is developed. The importance of these facts for us lies in the clinical fact that if a psychoneurosis causes an interference with the sexual function of an erogenous zone it also interferes with the other function. That is why we find such neurotic symptoms as blindness, anosmia, vomiting, globus, stuttering of the bladder, painful urination, constipation, hyperesthesia of the

skin, anesthesia of the skin, deafness, and other symptoms too numerous to mention.

The sexual activities of this period of childhood as well as of the next, the periods of the mind's greatest receptivity and impressionability, are never forgotten although they seem to be so. In truth they leave upon the mind profound and ineffaceable traces of such a nature as to play a decisive part in the individual's subsequent development. The repression of these auto-erotic activities is followed by a diversion of some of the sexual impulses to cultural and social aims,—a phenomenon that is known as *sublimation*.

The period of childhood, following that of infancy, is very rich in sexual experiences. The erogenous zones continue their twofold functions. In addition to this the child manifests inclinations and potentialities for all sorts of perverse and inverted sexual activities. Inasmuch as all human beings are by nature bisexual the child indulges in sexual activities with persons of either sex. Among these activities we include such phenomena as examining at every opportunity the genitals of his male and female associates, exhibiting his own genitals to them and watching persons in the performance of their excrementory functions. Passionate love affairs in childhood are not at all uncommon. Nor are sadistic and masochistic manifestations unusual. Other decidedly sexual sensations are derived from being rocked, being swung, wrestling, etc.—in other words, a child may derive sexual pleasure from the activities of his muscular system as well as through the skin and mucous membranes. Arousing the child's emotions by telling him thrilling stories of adventures with giants and robbers easily results in masturbation. This is the period, too, in which the birth of another baby starts the child's speculations as to the origin of babies and as to the nature of the sexual function. He is too observant and too logical to believe the falsehoods that he is told and he indulges in all sorts of strange fantasies and speculations in which, of course, his parents play the chief role. In addition to all this there is hardly a child alive who has not sometime been abused or introduced to some form of perverse or normal sexual activity by mischievous playfellows or unscrupulous servants, or at least been enlightened on sexual matters.

The child's speculations as to what constitutes the difference between boys and girls may prove of the utmost importance for his subsequent development. The importance that a little boy attach-

es to his little organ and his disappointment in not finding one in little girls may, in connection with certain other factors, precipitate him into homosexuality. This seems to be one reason why inverted men look for effeminate young men, i. e. for a woman with a male organ. (This is excellently shown in Shakspeare's Sonnet, No. 20) Little girls envy the little boys their treasured possession and this begets in them a sense of inferiority to the male sex (which persists throughout life, determines their education and careers) and begets in them the desire to be boys. (This is the "masculine protest" of Alfred Adler.) The accidental observation of her father's genitals not seldom begets in the little girl a fear of the big phallus which may be fraught with serious consequences for her. Many a young woman keeps on putting off her marriage because of this fear. One of my patients, a frigid woman, was so possessed by the desire for a big phallus that she attributed her anesthesia to her husband's small phallus which was, in truth, of normal size. Young boys are often troubled by the thought that their organ is small in comparison with their father's and that they won't be able "to do anything." This often results in a depressing sense of inferiority and hopelessness. I found this complex in every one of my cases of sexual impotence.

A prominent factor in many cases of psychoneuroses in males is the so-called "castration complex," i. e. the fear of losing the penis, of becoming impotent. This has its origin in the little boy's fear that his father will make good the threat of "cutting it off" if he is caught masturbating. In one of my patients the fear of imbecility following sexual relations was attributable to a similar threat with reference to infantile masturbation. It is almost incredible what strange fantasies children indulge in as to the nature of the sexual act. Some suppose it consists in kissing, urination, eating something, etc. There is nothing commoner than the sadistic conception of coitus, i. e. that coitus is a kind of assault by the father upon the mother. The frigid woman previously referred to obtained sexual gratification if she masturbated while indulging in fantasies of being "assaulted" by powerful policemen or by a lion. I treated a hysterical girl who feared she'd become pregnant from a kiss. These infantile fantasies and theories are of the utmost importance in determining the characters of the future men and women and the symptoms of the future neurotic. The symptoms of hysterics often prove that in their (unconscious) fantasies the erogenous zones play the role of true genitals. A very relig-

ious neurotic woman may develop hysterical blindness in punishment for having looked lustfully at a handsome man, as if she had committed the unpardonable sin with her eyes. Stekel reported a case of a rabbi who punished himself with paralysis of his right arm for having shaken by the hand a beautiful gentile woman as a thought of her beauty flashed through his mind. How an infantile theory can influence the adult's sexual life is strikingly illustrated by the following case: a very intelligent business man, aged 42, has never enjoyed (i. e. derived pleasure from) normal sexual intercourse because the vagina seems to him to be in the wrong place. In childhood he regarded the navel as the girl's genital.

Before we explain the "*Oedipus complex*," the most important phenomenon in the child's life, we must say a word or two about the meaning of the word "sexual" as employed by Freud and his disciples. In brief then it embraces everything that is included under the word "love" and the instinct for propagation. As a result of his autoerotic activities, his sexual fantasies and his mother's love and devotion the little boy develops a strong love for his mother, longs for union with her and wishes for the removal of his father. This love for one's mother and jealousy of (or hatred for) the father is known as the *Oedipus complex* (from the tragic story of Sophocles' hero who killed his father and married his mother) and constitutes, according to Freud, the essential or nuclear complex of every case of psychoneurosis. It goes without saying that we find this "incest-complex" also in little girls. Brother and sister often cherish an incestuous love for each other. Owing to the development of the moral and ethical senses of the child and its gratitude to both parents for their love and goodness it takes a bipolar attitude to them (i. e. it both loves and hates them), and represses the incest-complex. This repression gives the complex great psychic and pathogenic significance. In fact nothing has greater influence on the character of the future woman than the little girl's attitude towards her mother or on the character of the future man than his attitude towards his father. This is also true as to the nature of the symptoms of the neurosis that may develop later in life. In one of the most trying cases of hypochondria that I have been called upon to treat, the patient's energies are devoted to the denial of the sexual instinct as a defence against the recollection of numerous sexual transgressions against his sisters, younger and older than himself, and frequent attempts

at sexual intercourse with them in his childhood. Now he is disgusted with every thing sexual and is deadly afraid of a pollution. Until he was taught better by experience he tried to "save" prostitutes from their calling,—and in his fantasies he longed to save his beautiful mother (with the "nice white skin") from the brutality and sensuality of his disgusting (and hairy) father.

There is not a child in whom the Oedipus complex may not be observed. Why, then, have we not all developed a neurosis? To answer this we need only point out that all human beings have the same complexes, but in different proportions. The normal remains normal only because he is so constituted that he is not overwhelmed by life's trials and can master his complexes, whereas the neurotic—owing to his peculiar constitution and the intensity of his complexes—is mastered by them. While on this subject I may also point out that it is not necessary or practicable to dig out the Oedipus complex in every case of neurosis. All that the analyst strives for is to get rid of the symptoms and to enable the patient to resume a normal relationship to the world; and this is often accomplished before the incest-complex is brought to light.

With the approach of *puberty*, important changes take place in the sexual life of the individual in the interests of the instinct for propagation and as a result of the maturity of the sexual glands. Briefly stated these changes are as follows: (1) the individual ceases to be auto-erotic and becomes strongly hetero-sexual, i. e. seeks a person of the opposite sex as his love object; (2) the erogenous zones and partial impulses lose their sovereignty and are reduced to aids to the true sex function; (3) the primacy of the genital zone, the penis in the male and the vagina in the female, is established; (4) the sexual aim becomes the union of the genitals with the genitals of the opposite sex and, in the male, the emission of semen. As might be expected these complicated processes do not always proceed without pathological modifications. In girls especially the establishment of the normal sexual aim may be delayed or seriously interfered with. Until puberty girls differ but little from boys in their sexuality, till now their chief erogenous zone was the clitoris, the analogue of the penis, but after this the vagina must become the erogenous zone proper. The longer a girl remains unmarried the more difficult is it for this transformation to come about and the more surely is she predisposed to a neurosis—and frigidity.

It happens now and then as a result of a combination of peculiarities in the individual's psycho-sexual constitution and in his infantile or childhood experiences (e. g. perverse sexual traumata or intense preoccupation with fantasies of perversions) that at puberty the normal synthesis does not take place and the individual finds himself afflicted with some one of these pathological abnormalities of the sexual impulse that have received its name of *inversions* and *perversions*. As a result of the causes aforementioned the individual has become anchored or fixed either in his narcissism (auto-erotism), or homosexuality (or homopsychism), or one of the partial impulses (sado-masochism, voyeurism, exhibitionism) or one of the activities of the erogenous zones (fellatorism, etc.), or fetichism.

[To be concluded in December issue.]

FOR THE AMERICAN JOURNAL OF UROLOGY AND SEXOLOGY

PROSTITUTION IN 1886 AND IN 1916.

By I. L. NASHER, M.D., New York.

I KNEW the prostitute of 1886, and I know her to-day, professionally and intimately. No, it was not sexual intimacy but the intimacy that comes from a close study of her life, her thoughts and ways, and an interest in the purely scientific side, the influence of vocation upon mentality and the physical organism.

The vocation is the same as it was a generation and a hundred generations ago. There are perhaps some new forms of sexual perversions, forms not described in Krafft-Ebing's *Psychopathia Sexualis*, but otherwise her work is the same as it has always been. But the prostitute herself is a different creature from the prostitute of thirty years ago, she works under different conditions and circumstances, and her mode of life is different. She has changed with the styles and fashions and the newer conceptions of ethics, and changed by changes in the social and economic conditions in thirty years. Back in the late 70's and early 80's most of the women of the street were French and American in the hotel district, German, Irish and American in the downtown sections. In the fashionable brothels were French and American women, in the poorer ones were Irish and Germans, in the sailors' dives near the waterfront were Scandinavians. Most of the French, German and

Scandinavian brothel girls were imported for the purpose, the Irish were mostly domestics who, having submitted to the boss or his son or some friend, got in trouble. Either the midwife, or some sympathetic countrywoman or a procuress told her what to do and how she could make a living without hard work and she went into the brothel. I was a junior drug clerk in the late 70's and I was frequently obliged to deliver medicines to brothels, often to the girls in their rooms. One drug store in a fashionable section of the city supplied many of the high-class brothels and there I learnt how, through a system of interchange of brothel inmates the girls from New York were sent to other cities and only out-of-town girls were kept in the city brothels. The girls in the fashionable brothels were refined, educated, young and attractive. Few men had exclusive mistresses but many had brothel inmates who were at their exclusive disposal one day in the week, or upon demand.

I discussed this article with an elderly, highly respected widow whom I knew when she kept a brothel, "ladies boarding house" she called it, before the Parkhurst crusade drove her out of business. She is indeed the only woman I have met who began at the bottom of the ladder of unconventionable society, climbed to the top, then jumped over to the ladder of conventional society and has remained there. (I know of others but I have not met them.) She says the American girls in the fashionable brothels of thirty years ago, were mostly girls of good families and took up this life *deliberately because they wanted the association of men*. Some were girls who had become pregnant, came to the city for relief and were induced to enter the brothel by the midwife or doctor. A notorious woman abortionist whose Fifth Avenue establishment was always crowded, made some of her thousands from placing such girls in brothels. Some of the fashionable brothel inmates were widows, a few took up this life when they found that their husbands were unfaithful or who had been unfaithful and were driven out by their husbands. A few were the daughters of well-to-do farmers, who came to see the city and fell into the hands of a procuress. When brothels paid from ten to fifty dollars to any one who brought an acceptable girl, procurers and procuresses were found wherever there was an opportunity to speak to young women. Salesmen and saleswomen, waiters and waitresses, hotel clerks and help, cabdrivers, even policemen, doctors and druggists, all willing to increase their income by selling girls to houses, sup-

plemented the regular suppliers of stock or cattle, as they called their wares. There were then as there are now, men perverts who wanted only young, attractive virgins but these were hard to get. The men did not want obstreperous girls or girls so drunk that they were unresponsive, nor would they accept the poor, emaciated shop girl who could be obtained through the promise of fine clothes and good food. Madam was sometimes obliged to keep such a girl for several months before she was in condition to suit the patron. Only the wealthy could afford such luxuries and only old men wanted them.

Few of the expensive brothel girls went to the cheaper brothels. When tired of brothel life or cast adrift they went to the Buckingham or Haymarket, concert and dance halls, where an admission fee was charged, later to the Cremorne or Star and Garter or to the Alhambra, down town, which were free, and sought patrons there. In the brothels they were restricted in the matter of drink; once outside they could drink as much as they pleased and as they usually got a commission on the drinks they induced their friends to buy them, they frequently drank to excess and sooner or later they reached the police station and jail or hospital. It was probably true thirty years ago, though it is not true to-day, that the average life of the prostitute after she took up this life, was seven or eight years. Thirty years ago girls did not know much about venereal diseases or other sex matters and gonorrhea was neglected until some patron whom the girl infected gave her a beating, or, if she was in a brothel, madam charged her with the amount of the doctor's bill of some unfortunate admirer. Careful girls examined their patrons and used antiseptic washes, but many of the girls were satisfied with a monthly bath. As gonorrhea was then considered an insignificant ailment and its relation to tubal and ovarian disease was unknown, no attention was paid to it and tubal and ovarian diseases were much more prevalent among prostitutes then than now. I recall the frequency of Tait's operation in Bellevue hospital in the early 80's when the necessity for operation in these diseases was recognized. Another cause of death much more prevalent then was septic infection, which was then called pelvic cellulitis, following abortion. Many girls became expert in the use of the catheter and the knitting needle to produce abortion but they knew nothing of disinfection. It was a simple matter in those days to hush up such deaths. As the girls who sought patrons in the dives drank excessively many developed nephritis.

Many others developed tuberculosis through what we now recognize as unhygienic surroundings, the absence of fresh air and sunlight in the rooms, expectorating on walls and floors, excessive smoking and the habit that many had of taking puffs from the cigarettes of patrons who may have had tuberculosis. Opium smoking was also indulged in by many prostitutes and this lessens the resistance to the disease. All these causes of early death among prostitutes thirty years ago have either disappeared or are but slightly operative to-day. The prevention of conception and aseptic treatment of abortion have lessened the death rate from this cause. The girls realize the danger from gonorrhea and attend to it as soon as it is recognized. Most of them use antiseptic douches before and after intercourse. They get no commissions on the drinks they consume and they realize that they can do no work when they are drunk. They are altogether more careful of their health to-day than they were a generation ago.

In those days after a girl was in a brothel a few months she became old stock and was transferred to another house. After she had made the round of the brothels, which took three or four years, she was cast adrift and then began the life in the Tenderloin dives, after a year or two she went to the Bowery dives and after that she went to the dock resorts; but few American girls lasted that long. A few who did not drink, took care of themselves and their money, and had a thought for the future, were able to become brothel keepers or retire, start some respectable business and perhaps marry. Madam was always anxious about the health of her girls but she did not encourage economy; the best employee always makes the worst competitor.

A few girls had the good fortune to meet patrons who took an interest in them and married them. Some of these women have become prominent in society where their early history is unknown.

Then as now some girls were driven to prostitution through poverty, but in those days comparatively few girls were obliged to earn a livelihood and the harshness of parents, dissatisfaction with home conditions, the desire for better clothing or downright "viciousness" drove more girls on the street than want. Some girls went deliberately on the street because they wanted the association of men, others when they found that they were pregnant and their lovers refused to marry them, a few were driven by vicious parents or panders. The girls frequented 14th Street and the Bowery. In the same district were also the Irish and German girls whose use-

fulness in the brothels was over, and some American girls who had come down from the Tenderloin. Almost all of the French brothel girls were imported for the purpose; those on the street were either former brothel girls or girls who came over on their own account. These girls were economical, drank little, saved a few hundred dollars and went back. The German girls in the brothels were either imported for the purpose or girls who like the Irish girls had been domestics and had fallen from grace, and had been recommended to the brothel by the midwife or procuress. The German girl was generally economical, careful of her health and frequently saved enough to become a brothel keeper of the cheaper kind. My informant smiled when I read this part of the manuscript to her. She had been a German domestic who went with her beau to the Bowery concert halls. When he got what he wanted and gave her more than she wanted he left her. She visited one of the concert halls in search of him and confided in a habituée who then initiated her into the tricks of the trade. She first walked the streets and patronized dives, then entered a cheap brothel, and in four years she had made the rounds of the brothels. She had saved enough to open a cigar store brothel in the red-light district with two rooms and three girls. Later she opened an eight room house and when I first met her she had a fashionable, ten dollar house with twelve rooms near the old Madison Square Garden, and a furnished room house nearby which the Tenderloin prostitutes patronized. This woman had some pithy sayings which hold as good to-day as they did thirty years ago and which may serve the young physician who has dealings with this class. "Women of my class run no accounts, for nobody trusts us and we trust nobody. If you don't get your fee at once you will never get it." "We have no more respect for the doctor who will take his fee out in trade than he has for us!" "The doctor who wants to be my friend cannot be my physician." "The girl who will rob a patron will rob her doctor." "A man should never let a sporting woman fall in love with him if he has any regard for his life, his home or his family." "No man should go with a woman who hasn't as much to lose by exposure as he has." "The sporting girl suspects the motives of every man who does her a kindness." "The oldest fools want the youngest girls." "If you're right, fight; if you're wrong, pay up or skip." It is hardly necessary to say anything about the Scandinavian girls. They formed a class by themselves, supplied a small, exclusive class, and they were rarely found outside of their own district.

Thirty or thirty-five years ago most of the prostitutes were foreigners and few of these had even a common school education. Some who had been brought up for the purpose had no conception of modesty or morality and walked about naked in their rooms though window shades were up and doors open. Though knowing that their vocation was forbidden they could see no wrong in it. They were unmoral rather than immoral. The American prostitute on the other hand was immoral for she knew that her vocation was ethically and legally wrong and she took it up in spite of the law, in the same spirit as the thief takes up his vocation. Many had however a sense of modesty though they would expose themselves for cash. I have heard a number of these women declare that they felt greater humiliation and degradation in exposing themselves for cash than in their usual work. Many of the French and a few of the American prostitutes were perverts and gave "circus" performances, runners in hotels and saloons securing visitors. These places were run quite openly at this time, indeed it was at the invitation of a police official that I first visited some of the vicious resorts, brothels, opium joints, gambling houses and other illegal places. (They say things are different now but Dame Rumor says such exhibitions are still given, opium is still smoked and brothels still exist.) Few of the brothel inmates were criminals and in most a patron was safe from theft. In some a sliding door at the back of the clothes closet permitted an investigation of the patron's clothing while he was busy but the panel game, in which the patron's clothes were rifled, was generally worked by the independent prostitute.

There were then, as there have always been, girls who did things that were forbidden in a spirit of perverseness. They could not stand restraint and opposition, they rejected conventionalities, and preferred the association of men who, like themselves, had no regard for law and order. These girls did not enter brothels but worked on the streets and these were the ones who worked the panel and badger games and became thieves and blackmailers. Many of these girls were well educated but had been pampered up to the age when it was thought best to restrain them. Unaccustomed to the curb, they broke away and became the vilest of their sex.

The brothel inmates had no lovers but most of the girls of the street had either husband, lover or protector with whom they lived and both loved and feared. And the prostitute was as jealous of him as a good woman would be of her husband whom she loves, yet

the prostitute often knew that her man had several women working for him under the same conditions as she did.

It was estimated thirty years ago that there were 15,000 prostitutes in the city, of whom about one half were on the streets, nearly one third in brothels and the remainder received their select patrons in their homes. With such a large number of public professional prostitutes there was comparatively little clandestine prostitution and very little unchastity among respectable girls. There was a sharp dividing line between the girl who was straight and the girl who was not. The chastity of woman was more highly valued and there was a stricter concept of modesty. Men married at an earlier age, few women were obliged to earn their livelihood, and women did not resort to artificial devices to arouse sensuality in men. There was neither the occasion nor the opportunity to maintain illicit relations between apparently respectable men and women, since the city was wide open and men could find what they wanted without difficulty or danger, and without going to the straight girl to satisfy the cravings that arise from the fundamental instinct of race preservation.

In the next article we will examine the prostitute in 1916.

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THE NECESSITY FOR A DOUBLE STANDARD

BY OSCAR A. H. SCHMITZ

LOVE is a serious problem owing to its consequences which can make it either the most tragic or the most ridiculous thing on earth. And that problem is most pressing, much more so for instance than the problem of faith; for one can very well go to sleep without having decided whether there is a personal god, but not without having settled the question as to whether one is or is not going to ask for the hand of some marriageable miss the next day.

The problem of love is made more complex on the one hand by oversentimental souls and on the other hand by rigid logicians, who reduce it to clear mathematical formulas, and draw conclusions which have nothing to do with real life. Those logicians demand the same standard of morals for both sexes, that is, either men's freedom for women or women's shackles for men. The wrong as-

sumption upon which that demand is based is that man and woman are absolutely alike in their sex life. But the question is: *Are men and women alike in that respect? Are for instance man's easily kindled but relatively shortlived desires to be compared with woman's deep and complete surrender of herself?*

Nature herself furnishes the proof of motherhood; there cannot be any doubt as to who is the mother of a child. Fatherhood, on the other hand must be proved legally, for after the child's birth the connection between the father on one hand and the mother and child on the other hand ceases.

Since our customs have decreed that the father should take care of his offspring, and since the mother has only to make a declaration under oath to prove that a certain man is her child's father, the father is entitled to certain assurances; as we cannot go back to harem seclusion, the mother must so comport herself that he can credit her statement as to his being the legal father.

This is the origin of the double moral standard. The woman who grants herself the liberties a man usually takes, cannot expect anyone to believe her when she mentions a certain man as her child's father. She cannot be positive about it; she can only make a guess.

The apparent justice of the demand for sex equality in that respect is after all a flagrant injustice. Justice consists in drawing distinctions between things that are different. The highest injustice is *the assumption of an inexistent equality*. It is by no reason because woman's sexual activity may have very serious consequences that man should have his freedom restricted, when there are many women whom their sexual urge has led outside of the limits of morality and who are willing to satisfy man's desires. Anyone who is acquainted with life knows that those women are only in very few cases the victims of seduction or of economic circumstances. Most of them have simply obeyed their instincts which have driven them away from family life.

The prostitute is very rarely a product of our social system. The prostitute character is as old as the world and would exist under any social system. In fact the woman with a prostitute character who, owing to her financial independence manages to retain her social position, causes more immorality among her set than we could observe in the middle or lower classes from which the prostitute is severely cast out.

The only feature of prostitution which is directly traceable to social conditions is the humiliating position in which the demi-monde finds itself and which is due to the fact that we do not look matters squarely in the face and are trying to effect a compromise between christian ethics and the necessities of life in large cities.

To return to the difference between man and woman in love, let us take a concrete example. Suppose a young man is indiscreet with a chamber maid; and suppose a young girl is indiscreet with a butler. A strict theoretical morality will condemn both cases with equal severity; at the same time find me the person who would not draw a distinction between the two cases! The new ethic says that we should not draw any distinctions at all; of course we might pass laws assimilating theft to murder, but that would go counter to all legal and moral principles.

In spite of the proved inequality of man and woman there are women and feminine men who pretend that married women live in a condition of sexual slavery. If there is a slave in the married relation it is the man, for the marriage relation is arranged with regard not to the man's but to the woman's nature. The woman's desire to secure permanently a father for the possible offspring is perfectly satisfied by a monogamous marriage. The legal form of marriage in force at present and by which man in obedience to a higher morality cuts off his own hand, is attacked at present by thoughtless and impulsive women as being the product of man's selfishness. Yet that marriage binds man to woman not only financially but sexually as well. The slightest trespass on his part is punished as severely by the courts as the grossest offence of hers. The man who, while otherwise a good husband and father, forgets himself once and the woman who uses her marriage as a shield for illicit relations are treated in the same way by the law; it is "adultery" in both cases. A slight trespass on the part of the man, a trespass which means nothing and does not prove that he does not love his wife, may cost him his home life and his children. After divorce the woman regains her freedom, keeps her children and is entitled to financial support.

Marriage used to be the union of two individuals who tried to find in each other what they individually lacked; modern marriage is rather an "experience" through which two sex-conscious persons pass and in the course of which woman curbs man's sexual nature. Her sexual nature, however, will also claim its rights and the result

is a good deal of disorder, for woman's sexuality when let loose is a torrent that cannot be kept within bounds.

The great danger to morality is not that a handful of girls and women yielding to their instincts should become prostitutes but that the future mothers of the race should put too much stress on their sexual desires.

But this is what the new ethics demand. Our whole literature is filled with it. If we look at facts, however, we discover that marriages entered into for the sake of an "experience" turn out to be very poor marriages. Our modern writers expect marriage to be erotic, artistic and intellectual. In spite of the praise our poets have showered on it, I can't help thinking that such a view is very bourgeois. What do we care whether a poet is a happy husband or a gay Don Juan? He wouldn't probably have become what he is but for his wife. But if his married life intrudes too much into his writings it is bound to add to them a touch of more or less conscious humor and to impart to them a more or less pleasant taste.

As I do not care to mention living people I might recall the case of Otto Julius Bierbaum. Marriage considered as an intellectual and artistic "experience" makes a man a bourgeois, mediocre and effeminate individual. The intellectual conception of love is a product of the modern individualistic view which attaches altogether too much importance to the individual. All the things which once were suppressed because they made life in common unbearable, are now encouraged as signs of individuality.

Young and old rush into mistakes because they feel that they are not allowing enough free play to their personalities. To those individualistic cranks I would almost prefer the old roué who treats all passion and sentimentality as trifles.

The woman's movement has a distinct interest in emphasizing sentiment and passion, for this gives woman more outward importance. The statement that woman will no longer be an object but wants to be a human being expresses simply woman's desire to see every one of her sinful desires taken seriously. The woman's rights movements is encouraged in this connection by woman's natural coquetry.

The modern marriage based merely upon a more or less durable physical attraction is much more immoral than the old fashioned form which was based upon practical considerations; for the first requisite of morality is a feeling of responsibility. In spite of all the adjectives such as intellectual, soul-broadening and others which

are tacked today to modern marriages, those unions are simply a mixture of self deception, sensuality and irresponsibility.

Marriage and love are inseparable terms but marriage and eroticism have nothing in common. Eroticism may have its place, but only outside of marriage. Erotic love is not the proper form of relationship for people who have to spend days and nights together. Strong erotic stimuli presuppose short periods of time spent together in order that the unavoidable reaction does not take place while the desired object is still near. Eroticism will sometimes revel in the very traits that would ordinarily repel a man. If a woman leaves free rein to such instincts, she will soon be on the road to perdition, for her impulsive nature does not allow her to draw a line between temporary fancies and real strong feelings. This fact makes a double standard necessary. For love does not seek contrasts as eroticism does; it takes contrasts and blends them into one harmonious whole.

Once upon a time married people used the same bed; then there were twin beds; and now the city bred girl who wishes to remain her husband's mistress demands two bedrooms; this emphasizes sexuality in a way which can only lead to trouble. The sexual element should not be emphasized in married life; sexual intercourse should not be discussed nor planned for but should take place casually without being granted too much importance.

Natural sexual desires should be satisfied whenever they appear without any calculations as to when and how. Otherwise desire dies out. When it does divorce is not very far.

Modern ethics seeks to impart to the sexual element a solemn, soulful turn. Higher morality, on the contrary, seeks, after the storms of youth are past, to repress sexuality gradually and to exclude it from our higher life.

It is more moral in any case to treat the sexual element as many men do, a little lightly, than to treat it in woman's way and take it too solemnly. As long as we take it lightly we retain our self-control. The romantic, Ibsenian, neo-dyonisiac soul which glorifies sexuality never frees itself from its bonds. A Don Juan can conquer his freedom. The poor devil who takes his wife too seriously may waste a good deal of energy.

Better let the women whose sexuality seems to be the central point of their life join the ranks of the hetairas than allow them to be the prophetesses of a new morality applying to man and woman alike. Being mere prostitutes and knowing it they would not be as dangerous as when expounding their indecent theories to the world with sonorous words and impudent gestures.

THE SIGNIFICANCE OF PSYCHANALYSIS FOR THE SCIENTIFIC STUDY OF WOMAN

By THEODOR REIK

IT is well known how important a share is taken by psychology and neurology in the building up of a scientific study of woman. Both these older branches of knowledge have been enriched in an unexpected manner by the new science of psychanalysis and it seems reasonable to expect that this aid will be of service also for the scientific consideration of womanhood.

If we wish to find out in what manner psychanalysis can help us in the study of woman we must first determine what it is that it seeks to establish in general. Psychanalysis is a relatively young specialty, founded by the Vienna neurologist Sigmund Freud, and now practiced by numerous physicians, psychologists, and representatives of other sciences in every country. It was started on a practical basis and is eminently practical in its tendencies. Its most important aspect is the therapy of the psychoneuroses.

Professor Freud, the originator of the new science spent the years 1885-1886 with Charcot where he devoted himself especially to the study of hysteria. His "Studien über Hysterie" which he wrote with Josef Breuer in 1895 were based on a new therapeutic procedure which was called "catharsis." The symptoms of this puzzling disease disappeared as soon as one succeeded in recalling to the patient's consciousness on what occasion and in what association these symptoms first appeared and thus to counteract the affects which then remained. Thus a forty-year old woman lost her tic which had its origin in two forgotten experiences. On the first occasion she had succeeded in putting her child to sleep with great difficulty and had told herself that she must remain very quiet in order not to wake it, when, as if forced by a counter will she began to utter a peculiar, clicking sound. On the second occasion she was taking a carriage ride; the horses became frightened and she had to avoid every noise in order not to cause them to become unmanageable. The results of Freud's investigations may be thus briefly summarized: "Hysterical patients suffer from reminiscences and their symptoms are recollections of long past painful experiences to which they subject their whole emotional life."

The most important feature in the psychic side is the "strangulation" of affects (emotions) the normal outlet for which was blocked by the pathological situation. A large part of these affects was transformed into bodily stimulations and inhibitions which present themselves to the physician as the bodily symptoms of the hysteria. This process of transformation was termed by Freud and Breuer "hysterical conversion."

Freud, who pursued these investigations further on his own account, had to ask himself what faculty it was that kept these original painful experiences from the consciousness of the patient and what power was strong enough to bring them back to the light out of the depths where they had lain unrecognized. The process of forgetting took place in such a manner that in respect to this particular experience there was instituted a wish or desire which stood in sharp contrast to the moral and esthetic ego of the person involved. The wish was then thrown into the subconscious, or according to the psychanalytical terminology, it was "suppressed." This concept of suppression as a protective mechanism for the spiritual personality proved to be one of the most important results of psychanalytic investigation. If the spiritual dissociation had been explained beforehand as a congenital weakness or insufficiency on the part of the patient it would have been clear that it was the result of the struggle of antagonistic spiritual stimuli. Indeed we normal individuals are often required to suppress such wishes. Certain other circumstances must be present to establish the exact relationship between the symptoms and the psychic trauma. Thus the suppression of incompatible desires fails and these now work in the unconscious sphere by sending distorted substitute images into consciousness. These images are associated with displeasure (with which the original idea was also combined) and appear as the symptoms of a puzzling disease. The psychanalytic treatment of the patient consists in bringing the suppressed matter back into consciousness which is possible only after breaking down the resistance of the subject. The individual is shown the concealed connection between the original experience and his symptoms and he is thus freed from the double nature of his mental life by the possibility of a way of discharge for his emotions. The patient's resistance to this bringing to light of forgotten experiences is expressed in his lack of leading ideas. This is overcome by directing the patient to tell the physician everything that passes through his mind without attempt at criticism. The physician

then, by special technic, interprets these apparently arbitrary ideas in terms of the original, forgotten experience.

Two additional fundamental parts of the psychoanalytic technic are the significance of dreams and the analysis of the ordinary small, unobserved slips of everyday life. Freud's attitude toward dream-study, which he characterized as the *via regia* to the knowledge of hidden mental processes, stands in evident contrast to the minimizing attitude of most neurologists and psychologists. The dream appears as the representation of wish-fulfilment, the so-called manifest dream content (the confused recollection of the next morning) being separated by psychoanalysis from the latent dream content. The latent dream content consists in the fulfilment of unknown wishes and its absurd form is due to the fact that these wishes are represented in consciousness only as the suppressed emotions of the psychoneurotic individual. That process which concerns itself with the origin and concealment of wish-fulfilment is called "dream-work." By this means are studied the chief psychic mechanisms which are at play between the two separated systems of mental life, i. e., between the conscious and the unconscious. Especially marked is the great rôle played in dreams by impressions of early childhood and it can be shown how long forgotten childish wishes still live in dreams. Another point of interest is the feature of symbolism which is especially true of sexual material. Psychoanalysis has brought to light the hidden significance of this symbolism in mythology, fable, poetry and humor.

One objection to the Freudian theory of dreams which seems to carry weight is the existence of dream terrors. In this case the fear is explained as a protective reaction against an intense suppressed wish, the dreamer trying to defend himself against its intrusion. The significance of dreams is now used as a psychoanalytic therapy of the neuroses. And not only the individual dream elements but also the small slips and failures of everyday life are the subjects of psychologic study. Such features as forgetting, slips in speaking, writing and reading, playing with objects, certain gestures and manipulations, are all made use of. By psychoanalytic technic not only is the real significance and interrelationship brought to light but the unrecognized motives underlying these phenomena are also made evident.

What is the nature of these suppressed wishes to which the conscious ego stands in such marked contrast? Most of the patho-

genic wish impulses are sexual and selfish in nature and the etiology of the neurosis is largely sexual in nature. It is not because Freud and his school have any preference for sexual themes but merely because the observed facts point clearly and objectively in that direction. This point of view is far-reaching in its significance and it is important to bear in mind that it is only through the analysis of the sexual life of childhood that the significance of later dreams is made clear and it is only through the bringing to light of suppressed childhood wishes that a far-reaching therapy is made possible.

The expression "sexual life of childhood" may sound strange, yet it is clear from child studies that sensual impulses arise early in the young ones. The sexual impulse in this case does not subserve procreation and seeks its outlet in a manner foreign to the state of affairs in the adult inasmuch as certain parts of the body outside the genitals, such as the mouth, rectum, urethral aperture, and other mucous membranes are made use of as "erogenous areas." This autoerotic method of gratification is found in even the youngest children in the form of the masturbating manipulations of infants. Soon, however, those impulse-components of the libido which have to do with other persons or objects come into evidence. Thus masochismus (lust for pain), exhibitionism, and the peeping-tom instinct are early aroused. The child, however, is largely homosexual, whereas the adult is characterized by bisexuality. This rich double sexual life of the child, called "polymorpho-perverted" by psychoanalysts, changes to the normal sexuality of the adult, first by the predominance of the sexual zone over all other erogenous areas, then by the subservience of the sexual impulse to the end of procreation, by the choice of an object of passion, and by the suppression of some of the early impulse components and the development of shame and disgust on their emergence.

In those individuals in whom the development of the sexual function has not taken place in a normal manner there results either a sexual perversion or a neurosis, and the psychoanalyst regards these perversions either as arrests of development or as regressions to the sex life of childhood.

What changes does psychoanalysis initiate by bringing to light these pathologic wish impulses? In the first place this therapy exposes one group of these suppressed wishes to obvious condemnation. In the second place some of the infantile wish impulses

are changed in such a way that the patient can substitute for the sexual some useful social end (sublimation). A third group of these sexual desires must be approved of since it cannot be the purpose of society totally to suppress them.

Thus the results of psychoanalytic investigation have given us an insight into conscious and unconscious mental or spiritual phenomena which has no analogy in the previously familiar forms of psychology. And not only is this knowledge of value in the treatment of neuroses but it has the most far-reaching significance in many other branches of knowledge such as philology, philosophy and biology.

Translated for THE AMERICAN JOURNAL OF UROLOGY AND SEXOLOGY

THE SYPHILITIC ORIGIN OF APPENDICITIS.

By Professor GAUCHER.

(Read June 6, 1916, before the Paris Academy of Medicine, Annales Maladies Vénériennes, June 1916)

I AM sorry that I was prevented from being present at our last meeting where the etiology of appendicitis was discussed by my friends Jalaguier, Routier and Quénu. President Monod himself went into the arena and, in the name of an outraged surgery, let me feel the whole weight of his presidential authority. I was prevented from hearing them, but just read their arguments in the Bulletin. Their arguments do not affect my demonstrations in any way; they merely make assertions without proving anything and without making even an attempt to understand my theory.

Dr. Jalaguier says that I stand alone with my opinion; this is no argument, for I may stand alone with my opinion and be right nevertheless. But I have quoted Dr. Segond from among those that were of my opinion following the publication of my first work, in 1904; I also quoted the testimony of my lamented teacher, Professor Fournier. Confirming my observations his son describes 12 cases of appendicitis among hereditary syphilitics with a healthy appearance and without any dystrophy. We had often talked them over; he was of my opinion and he foresaw the antagonism that I would encounter. I think you are ready to admit that in regard to syphilis Fournier was as competent as you are.

I was greatly astonished to hear from my friend Jalaguier that "the great majority of sufferers from appendicitis could not be

suspected to be afflicted with syphilis." And yet, having great faith in Mr. Jalaguier's surgical skill, I had him to perform the operations in general cases of appendicitis, and *they were all syphilitic children*. In one case I let the operation be performed by Mr. Monod; the patient died in spite of the skill of the operator. It was the case of an old syphilitic.

When I read their arguments it seems to me that my opponents do not understand me. I never said, neither in 1904 nor now, that acute, suppurating, gangrenous, or perforating appendicitis was of a syphilitic nature. Since 1904 I even wrote in just the opposite sense; one ought not to misrepresent my opinion in order to turn it into ridicule. I said and I maintain that the sub-inflammatory lesion of the reticular tissue which precedes the acute crisis of appendicitis is very often of a syphilitic or a hereditary-syphilitic origin, and I add that in certain cases chronic appendicitis, if treated with mercury, may escape an acute crisis which makes an operation imperative.

My opponents make the objection that I have not found the syphilitic lesions of appendicitis. It is true that I have not found the gummata, but syphilis can produce inflammatory and proliferative lesions which represent nothing of a specifically anatomic nature. You know that apart from spirochetæ there is no specifically pathologic anatomy of syphilis; there are always new embryonic formations or sclerotic lesions. Among hereditary syphilitics we find spirochetæ in the reticular tissue of the coecal appendix, as was demonstrated some years ago by one of my disciples, Dr. Fouquet, in a work presented by Dr. Bouchard to the Academy of Sciences. Besides, have you found those specific lesions in any of the diseases which are connected with syphilis? Have you found them in aortitis, in aneurism of the aorta, or in lingual leucoplakia?

The same arguments which to-day are hurled against me in regard to syphilis, were used to oppose the syphilitic origin of all diseases which later on successively and justly were attributed to syphilis; tabes, general paralysis, aneurism of the aorta, sclerotic myocarditis, angina pectoris, lingual leucoplakia and its sequel, cancer of the tongue.

Lingual leucoplakia, e. g., or aortitis, or interstitial nephritis are not syphilitic on account of their pathologic anatomy but for the following reason: Statistical investigations have proven that those diseases were formed among syphilitic patients. Now, then why do you pretend to be still squeamish about appendicitis when

I present you observations which show that in almost every case of appendicitis there are formed *syphilitic or hereditary syphilitic antecedents*?

Let us not talk too much of the pathologic anatomy of appendicitis, in appendices which were operated for appendicitis I found very often neither histological nor any other lesions. One talks of appendicitis, one finds a black spot which one thinks is a hemorrhage and if one opens the appendix one finds that this black spot is nothing else than a fragment of fecal matter.

Apart from statistics, I have another means to demonstrate the syphilitic origin of appendicitis, namely, the *Wassermann reaction*, although a negative reaction is not sufficient for rejecting the syphilitic origin of a disease. During the years of 1909 and 1910 I had two of my disciples, Dr. Joltram and Dr. Brin, perform Wassermann tests on patients who already were or who had to be operated on for appendicitis. I have their reports before me and see that they found 14 positive Wassermann reactions among 33 sufferers (say 43 per cent) from appendicitis whose antecedents were not known to them.

Will you continue to ignore the relationship between syphilis and appendicitis—either acquired or hereditary syphilis? Hereditary syphilis may go back two generations. Dr. Quenn is astonished because he has not observed those facts. It is a fact, nevertheless, that syphilis may be traceable to the grandparents. Here is the last case which I observed: Of two children one was suffering from entero-colitis and the other from appendicitis; the father never was personally infected with syphilis. But his Wassermann and that of the two children, is positive. That of the mother negative. Syphilis goes back to the paternal grandfather in whom it was definitely known. In former publications I described many instances of a similar nature.

These cases astonish you because you are not acquainted with them; but I am better placed to see such cases than you are.

I find it quite natural that the great and skillful appendicitis surgeons are not favorably inclined towards a theory which apparently tends to eliminate operations in the treatment of appendicitis. But let those gentlemen be reassured: as the treatment with mercury does not cure cancer of the tongue though the latter be caused by syphilis, in the majority of cases, the treatment with mercury will not cure appendicitis if applied too late or in an unsatisfactory manner and therefore the surgeon will never lose his prerogative.

There will always be cases of appendicitis which will have to be operated upon.

But before the surgeon is called to intervene, what injury can the treatment with mercury cause to a patient who either suffers from chronic appendicitis or from a case of appendicitis of which the surgeon himself says: "Let it cool off"? I cannot see what grave responsibility one draws upon oneself by a treatment which under no circumstances can do any harm if it does not do some good.

In spite of all that I have said I know that my theory will hardly be accepted by physicians for there are too many physicians and children of physicians who were operated for appendicitis, because medicine is one of the professions which furnishes the largest contingent of syphilitic patients. I know that better than anybody else as most of these syphilitic physicians consulted me.

I think it is useless to continue this discussion; we shall never reach an understanding for I talk about things which you know perhaps as well as I do, but which we do not regard from the same standpoint. It is still accepted that syphilis is a shameful disease which ought to be kept secret and of which the name even ought not to be written. It will be a long time, no doubt, before this prejudice will be eradicated.

I have stated what I have believed for 12 years as a result of observations which are based on facts and not influenced by that prejudice. I do not hope to convince those who do not wish to be convinced, and I leave to the future and to impartial observers the task of corroborating my opinions.

FOR THE AMERICAN JOURNAL OF UROLOGY AND SEXOLOGY.

SEX MORALITY IN THE COUNTRY

BY A SUNDAY SCHOOL SUPERINTENDENT.

A study of the different types of sexual immorality found in the country and in the city would throw light on some great social problems and would be of great value to those who are working for social betterment. The following data are derived from fifteen years' experience with young people in both city and country. It is not claimed that the same conditions obtain throughout the whole country. This study is limited to cities and country villages of

New York State, not including factory towns where conditions are said to be more like those of the city.

Commercialized prostitution is hardly known in the country. A woman who attempts to follow prostitution is frowned upon by parents and is avoided by all but the lowest class of boys. Carriage driving gives the young man an excellent opportunity for numerous forms of familiarity with his girl friend. *Mammam nudam in manu tenere* is rendered extremely easy by the modern styles of garment, and is commonly one of the first forms of familiarity. *Vestibus distensis mammas nudas conspicer* is a source of delight to many a young man who is taking his girl for a drive. *Exploratio et titillatio digitis inter crura et femora puellae frequenter adsunt*. *Aliquando puella sollicitata est penem et testes prehendere*. These are some of the commoner forms of approach practiced by young people in the country.

A few experiences of the kinds mentioned soon convince most country girls, however careful has been their home training, that there is really nothing so very bad about the particular young man who has made these advances. She is frequently flattered that he has chosen her for these attentions rather than the daughter of some neighbor who might be expected to be the fortunate maiden. From *titillatio vulvae* to *coitus verus* is a short step which is usually accomplished in haylofts, vacant houses, or sequestered open places under cover of darkness. This *coitus clandestinus* almost invariably takes the form of *coitus interruptus* for *coitus condomatus* is unknown except where city influences are felt. *Puella paene semper vestita est* in contrast to the condition of her city cousin when she practices *coitus clandestinus* in some hotel.

That the country girls are not entirely lacking in modesty is shown by the experience of two young men who had taken two "new" girls in a double carriage for what the parents supposed was a very proper Sunday afternoon drive in the country. The boys drove out of sight of the village and into the woods just off the road. The girls permitted the boys *mammas in manibus prehendere*, *crura et femora manu palpare*, and even *vulvam crinitam digitis titillare*, but there they stopped, neither being willing to allow further familiarity. Thereupon each young man took his girl for a further "walk" in the woods out of sight of the other couple and there accomplished his purpose with little protest.

"It's a shame the way Mrs. Wilson allows Susie to run around nights. She told me herself that there were many nights when she did not know where her daughter was."

Thus spoke the President of the Ladies' Aid Society, Mrs. W. who had a sixteen year old daughter of her own. The other members agreed heartily that something should be done to avert the scandal and disgrace which always follow such behavior. Not one of these good women would allow her daughter to go out in the evening unless she knew exactly where the girl was. Every member was sure *her* daughter would never be in a compromising situation. Let us see what actually happened.

To begin with, the members were right in their suspicion that Susie Wilson permitted liberties with her person which were not proper. Coitus clandestinus was no new experience for Susie and it was well known among the boys that Susie preferred the company of a young man named Jack because, as she declared, he knew how to give a girl a good time. Some of the other boys were tolerable, but Jack was best, and Jack was the son of one of the Aid Society members.

A girl whom I will call Cora was a daughter of another member. She was a lively little creature of about fifteen. The mother did not know that Cora regularly retired without drawing the shades and that tres pueri frequenter in arbore sub fenestra erant. But Cora knew. Within a few months she began practicing coitus clandestinus with one of these young men and kept it up regularly till they were married some four years later.

Another girl whom I will call May belonged to one of the sheltered homes of the community. Although nearly seventeen, she was not permitted to go out nights unchaperoned. The father was a postman and the mother conducted a little business which kept her away from home during the middle of the day. She would come home by four o'clock in ample time to give her daughter the protection she needed. But May's *vita sexualis* told her that darkness is not absolutely necessary for coitus. A telegraph operator in a signal station about three miles away used to ride to her home on his wheel about noon every day. For more than three months they practiced coitus clandestinus in the girl's home. Here they enjoyed a privilege seldom accorded young people in the country—*puella et adulescens ex toto nudati erant*. Knowing nothing of these matters, the parents were much pleased when the operator came to call on May. The young man was given the entree of their home and much deference was shown him. On more than one occasion

while the old folks were on the porch, filia, vestibus sublatis, in gremio adolescentis sedebat penem in vagina tenens, all the while playing softly on the piano to divert suspicion.

The care with which the President of the Ladies' Aid Society watched her daughter's every move was well known among the young people of the village. She and a cousin of about the same age were not permitted to go out with young men except under the most strict supervision. Two young men who sometimes showed these girls some attention were dared by the other boys to have intercourse with them. Finally, the boys accepted the challenge, choosing Sunday evening for their attempt. After church service the boys took the girls for a stroll which brought them back to the church soon after the worshippers had left for home. The first night time would permit only titillatio crurum et femorum. Holding the girls on their laps the boys manus sub vestibis puellarum et inter femora inferebant. Much to their surprise there was no resistance. On the following Sunday evening this stage was reached much more readily and after a few minutes puellae ita excitatae erant ut adolescentibus sine repugnantia coitum interruptum permiserunt. At the very time these things were occurring, the President and her husband were sitting behind drawn shades in their home not twenty feet distant from the church.

All of which reminds us of what one of our humorists has said: "It is better not to know so many things than to know so many things that ain't so."

SYPHILIS IN THE SIXTEENTH CENTURY.

The father of Catherine de Medici (the wife of Henry II., and Queen Mother during the reigns of Francis II, Charles IX, and Henry III) is stated to have died of syphilis a few days after his daughter's birth. Catherine was an only child; her mother died at her birth. Her portraits which are numerous, show no evidence of inherited taint. At that time syphilis was a new disease in Europe, and, as it had not been in any way associated with sexual habits, no disgrace was supposed to be attached to it. Historians felt no delicacy in recording the fact that any one of whom they wrote, had suffered from it. Many deaths of ecclesiastics as well as civilians were attributed to it. (Roscoe, *Life of Lorenzo de Medici*, vol. II.).

EDITORIAL

UNCONSIDERED EVILS OF THE MASTURBATION BOGIE

It is now agreed by all sexologists that the evils of masturbation are, in most cases, nil or very trifling, the real damage being done by the *fear* of the injuriousness of the habit.

This is not the point that I intend to discuss in this editorial, for I have discussed it a number of times, in various articles and books. But I wish to call attention to a new, hitherto unconsidered, phase of the subject. I wish to call attention to the fact that many boys not infrequently conceal from their parents certain diseases which have absolutely nothing to do with masturbation, but which they are afraid are due to their occasional indulgence in the "solitary vice."

The evils of masturbation are pictured in such frightful colors and are claimed to be so multitudinous, that whenever a poor boy who indulges, however rarely in the habit, gets some trouble, he is apt to think that he brought it on himself by his sinfulness, and shame and fear often keep him from disclosing his ailment to his parents.

Here are two cases which will elucidate the point I wish to make. The parents of a boy of twelve—an only son—noticed that he was ill. He looked badly and was getting thin. But to all inquiries he replied that he was feeling well, that there was nothing the matter with him. Finally the parents noticed that he was going to the toilet frequently, and that each time he came out looking ghastly. But he denied that there was anything wrong with him. This kept up for some time, and at last the parents decided to take him to a physician. The physician when left alone with the boy asked him in a kindly manner if he masturbated. The boy, after slight hesitation, answered in the affirmative, "once in a while, not often," but said frankly that he had not done it once in three months. And his trouble was only about four weeks old. The physician asked the boy to urinate—and everything cleared up at once. The boy seemed to have agonizing pain while urinating, and the urine when examined was found highly concentrated, full of gravel and calcium oxalate crystals. When asked by the doctor why he didn't tell his parents at once, he answered that he was afraid,

that he thought his painful and frequent urination was due to his occasional indulgence in the bad habit. On further examination an acute nephritis was found, and it took quite some time to bring the boy to a normal condition.

Another case, reported to me by a friend in Washington, is that of a boy who developed a scrotal hernia, which he did not dare mention to his folks until it required surgical intervention. And he did not dare mention it because he thought it was the result of his bad habit. He had read one of those vicious and pernicious books in which every possible ailment and accident was claimed to be a possible result of masturbation.

We wonder how many thousands of boys and girls conceal their ailments, suffering in silence and thus permitting the disease to progress and gain headway, because they are afraid that their troubles are due to sins? Who can calculate the damage which the vicious quack books of the Sylvanus Stall type are responsible for?

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MISCELLANY

MATERNAL IMPRESSIONS.

Dr. A. G. Pohlman, *Mo. State Medical Ass.*, August, 1916 does not believe in the doctrine of maternal influence which holds that the expectant mother may influence the development of her unborn child. He calls the doctrine a superstition which is used as a blanket to cover our inability to explain the facts on any other basis. The writer maintains that maternal impression must be analyzed from a biologic viewpoint. Many instances, he says, which led to a belief in maternal influences, are mere coincidences.

He narrates an experience of his own. He had six very close friends, four of them were born on January 6, one on January 7, and one on January 8. He doubts that he has a subconscious predilection for people born on January 6, or that people born on or about January 6 are under some mysterious influence which impels them to be friendly toward him. He calls it coincidence.

The writer quotes some other cases:

1. "Dr. Napheys tells of a woman, the wife of a baker, who during the earlier months of her pregnancy sold bread over the counter. Nearly every day a child with a double thumb came in for a penny roll, presenting the money between the thumb and the forefinger. After the third month the mother left the bakery, but the malformation was so impressed on her mind that she was not surprised to see it reproduced in her own child."

The writer thinks if Dr. Napheys had been a little skeptical he would have anticipated an equal sensitiveness of other women in that locality to respond. He says: "This type I label bona fide maternal impression—conscious type, and on the basis of January 6." I choose to call it a coincidence; the more so because Dr. Napheys lost the chance of his life to check on the first mother and to report the excesses of double thumbness in this village."

2. "We have heard of a mother who gave birth to a child that had but one hand. The other arm was handleless as if amputated between the elbow and the wrist. The only way she could explain for the deficiency was the fact that her husband's brother, who had his hand amputated, lived in the same family during the earlier months of her pregnancy. While she received no special shock, being familiar with his condition, yet maternal impression,

continued through a long period, had its disastrous effect." This case is reported by "Dr." Stall, a minister who admits that he never saw the case.

The writer says: "If you cannot find a suitable causal factor by which you may explain the defect in a child it means that the second type of maternal influence was at work—the alleged bona fide maternal impression of the subconscious type. When you couple this report with the failure in defect of the children of war veterans you may draw your own conclusions as to how seriously the evidence may be taken."

An Ohio physician reports the following case: A boy had fallen from the banister of a porch to the ground below where his head came into contact with stones inflicting a large gaping wound of the scalp. After seven months the boy's mother gave birth to a child with spinal defect that soon extended to the head causing hydrocephalus and death of the child. The writer means that under the circumstances the "error" on the part of the child was quite excusable and quotes the words which Dr. Blondel said nearly 200 years ago: "the child is not yet acquainted with the outward objects that disturb the mother." The writer calls this type a missed maternal impression because the child did not register the impression received by the mother. Death from hydrocephalus in a child born with spinal defect is of course not unusual.

4. In his article on maternal impression Dr. Ballantyne reports the following case: "On July 2, 1884, she gave birth to a full-term male child on whose chest there was a peculiar mark similar in size to the apple which was thrown at the patient, but rather paler in color. She then remembered the circumstance (being hit by an apple on the previous October) and connected the impression and the mark as cause and effect."

Dr. Ballantyne does not believe it to be a strong case and the writer agrees with him. The writer places this case along with the majority of reported cases in the so-called postpartum maternal impression cases where a mother on beholding a marked child "remembers" [i. e., invents] the circumstances which must be held accountable.

5. Wüstnei cites the case of a woman who was wont to taking her nap with her forehead against a tall porcelain stove. She later gave birth to twins and a long mark was found down the forehead of each. The writer thinks that a mark down the forehead of each child would lead a skeptic to examine the birth canal of the mother for a bony prominence in the pelvis.

The writer cites the Siamese twins, who were males and begot

normal babies; and further the Balzec twins who were united females and gave birth to a normal baby. Although here was an opportunity for an infant to be thoroughly impressed, both with heredity and the other kind, in neither instance did it rise to the occasion.

The writer calls attention to the Messina disaster and the fact that the report of confinements of women who were pregnant at that time showed but one abnormality.

Further, the writer states that in 11,000 confinements Bischoff could not demonstrate a single case of maternal impression and William Hunter says that during many years every woman in a large London lying-in-hospital was asked before her confinement whether anything had especially affected her mind, and the answer was written down. It so happened that in *no instance* could a coincidence be traced between the woman's answer and any abnormal structure; but when she knew the structure she frequently suggested some new cause.

Dr. Pohlman says that if a mother purposely sets out to mark a child with the usual defects like harelips, cleft palate, cat's eyes, clubfoot and the like, she must have her maximum influence on hand well before the end of the second month of gestation or it will be too late. As the majority of women do not definitely know they are pregnant until this time has elapsed we see that time alone will rule out a large majority of all cases of maternal influence resulting in alleged physical defects.

The author discussed this topic with a class of students in Indiana; one young man told the following story: He had a small pit just in front of his ears and his mother accounted for it from the fact that the hired man on the farm had a singular defect and that she had worried about it. Lo, and behold! when he was born he had the defect. There was no history in his family of a singular defect and his brother and sister born after him were normal because the hired man had been discharged. The student smiled when Dr. Pohlman told him there was a possibility of this defect arising spontaneously. The student replied, "Do you believe that will convince my mother?" Two years later the young man reported that his sister had a baby out in California; they found this baby also had a little pit in front of each ear and the old lady sent word that she believed Dr. Pohlman was correct when he said that it was a little sporadic developmental defect which might come up any time.

make a case. The strongest argument it can bring, he says, are its antiquity, its ubiquity and its iniquity.

The antiquity harks back to Jacob and consists in misinterpretations of the Old Testament. The ubiquity is easily explained in that it would be strange if similar superstitions did not arise even in remote peoples on the birth of a child—particularly an abnormal one. The iniquity consists in the attempt to make a mother responsible for a mentally, morally or physically misshapen child, or a mathematico-musico-poetic prodigy by reason of some influence she has exerted during her pregnancy and without giving the mother opportunity of defending herself.

The writer says, man has a tough ancestry and the offspring wraps itself safe from harm and copies the family history. Dr. Pohlman thinks it is idle to suppose that any accidental factor enters into its development. He says: "There is no animal that suffers the bodily inconvenience in pregnancy that is the lot of the human female and this is due to irreparable lack of adaptation to the upright posture. The mind merely accentuates the inconveniences of its body." The writer believes in the dual nature of man which he calls "twins." He continues: "The twins are hard enough to keep at peace as it is and to couple to this a doctrine which will make a woman all the more unwilling psychically to fulfill Nature's second law is nothing short of criminal. The divorcing of mind and body is bad enough as it is without adding to it this additional burden."

"The birth of a child is attended with much mystery and the physician realizes this full well. When the doctor is asked, is the child to be a boy or a girl, he either finds out what the parents want and tells them the other or says one thing and writes another in his case record. The human being is not without his superstitions and Barnum who capitalized credulity, ought to be credited with some word of authority, when he said: "The public likes to be humbugged."

It may be perfectly fair to humbug some one else but it is manifestly unfair to humbug one's self and particularly one's mind with anything like a false doctrine which brings nothing but distress" "We are all of us sure of things which are by no means facts because we do not take the trouble to analyze them." "The mystery does not consist in trying to find out why a few children are born with defects; the real mystery lies in the ability of a single fertilized egg to go ahead with nothing but the family history as a guide and come out of it all with anything like the perfection it does."